## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

09759815

| 107/378/3  |  |   |                                  |                            |                           |                                    |      |                    |                        |                 |                               |                        |  |
|--|--|---|----------------------------------|----------------------------|---------------------------|------------------------------------|------|--------------------|------------------------|-----------------|-------------------------------|------------------------|--|
|  |  |   | (Column 1) (Co                   |                            |                           | smali<br>mn 2) TYPE                |      | MALL E             | ENTITY                 |                 | OTHER THAN<br>SMALL ENTITY    |                        |  |
| TOTAL CLAIMS   |  |   |                                  |                            | 100                       | 100000                             | I    | RATE               | FEE                    | 1               | RATE                          | FEE                    |  |
| FOR  |  |   | NUMBER FILED                     |                            | NUMBER EXTRA              |                                    |      | BASIC FEE          | 355.00                 | OR              | BASIC FEE                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 78 m                             | ninus 20=                  | • _                       | 58                                 | ſ    | X\$ 9=             | C22-0                  | l <sub>or</sub> | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS   |  |   | 6 minus 3 = ' _                  |                            |                           | 3                                  | ı    | X40=               | 120                    | OR              | X80=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT                           |                            |                           |                                    | ŀ    | 405                | 120                    | 1               |                               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                                  |                            |                           |                                    | L    | +135=              |                        | OR              | +270=                         |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                  |                            |                           |                                    |      | TOTAL              | 997                    | OR              | TOTAL                         |                        |  |
|  | C  | (Column 1)                                  | MENDE                            | (Column 2) (Column 3)      |                           |                                    |      | SMALL ENTITY       |                        |                 | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|  |  | CLAIMS                                      |                                  | HIGH                       |                           | TOOLGHILLO                         |      |                    |                        |                 |                               |                        |  |
| AMENDMENT A  | 1 M  | REMAINING<br>AFTER<br>AMENDMENT             |                                  | NUM<br>PREVIO<br>PAID      | BER                       | PRESENT<br>EXTRA                   |      | RATE               | ADDI-<br>TIONAL<br>FEE |                 | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | - 49  | Minus                            | '                          | 18                        | = Ø                                | 1    | X\$ 9=             |                        | OR              | X\$18=                        |                        |  |
|  | Independent                                    | 1. 2  | Minus                            | 1                          | 6                         | = 10                               | Γ    | X40=               |                        | OR              | X80=                          |                        |  |
| L  | FIRST PRESE                                    | ENTATION OF M                               | ULTIPLE DI                       | EPENDENT                   | GLAIM                     |                                    | I    | +135=              |                        | OR              | +270=                         |                        |  |
|  |  |   |                                  |                            |                           |                                    | _    | TOTAL              |                        |                 | TOTAL                         |                        |  |
|  |  |   |                                  |                            |                           |                                    |      | DDIT. FEE          |                        | OR              | ADDIT. FEE                    |                        |  |
|  |  | (Column 1)                                  |                                  | (Colu                      | mn 21                     | (Column 3)                         |      |                    |                        |                 |                               |                        |  |
|  |  | CLAIMS                                      |                                  | HIGH                       |                           | 100.0,1                            | _    |                    |                        |                 |                               |                        |  |
| AMENDMENT B  |  | REMAINING<br>AFTER                          |                                  | PREVIO                     |                           | PRESENT<br>EXTRA                   | 1    | RATE               | ADDI-<br>TIONAL        |                 | BATE                          | ADDI-<br>TIONAL        |  |
|  |  | AMENDMENT                                   | سيسار                            | PAID                       |                           | EAIRA                              | 1    |                    | FEE                    |                 |                               | FEE                    |  |
|  | Total  | •   | Minus                            |                            |                           | =                                  |      | X\$ 9=             |                        | OR              | X\$18=                        |                        |  |
|  | Independent                                    | NTATION OF MU                               | Minus                            | ***                        | OL AUA                    | -                                  | Γ    | X40=               |                        | OR              | X80=                          |                        |  |
|  | HIST PHESE                                     | NIATION OF MO                               | JETIPLE DE                       | PENDENI                    | CLAIM                     |                                    | T    | +135=              |                        | OR              | +270=                         |                        |  |
|  |  |   |                                  |                            |                           |                                    | A.   | TOTAL<br>DDIT, FEE |                        | OR              | TOTAL<br>ADDIT, FEE           |                        |  |
|  |  | · 40-h 41                                   |                                  | (Calua                     | 01                        | (C=1, 0)                           | -    |                    |                        |                 | ADDIT: 1 EC                   |                        |  |
|  |  | (Column 1)                                  |                                  | (Colur                     |                           | (Column 3)                         | _    |                    |                        |                 |                               |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT             |                                  | NUM<br>PREVIO              | BER                       | PRESENT<br>EXTRA                   |      | RATE               | ADDI-<br>TIONAL<br>FEE |                 | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  |   | Minus                            | **                         |                           |                                    | T    | X\$ 9=             |                        | OR              | X\$18=                        |                        |  |
|  | Independent                                    | •   | Minus                            | ***                        |                           | =                                  | H    | X40=               |                        |                 | X80=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                            |                           |                                    | ┢    |                    |                        | OR              | /1000                         |                        |  |
|  |  |   |                                  |                            |                           |                                    | 1    | +135=              |                        | OR              | +270=                         |                        |  |
| **   | If the "Highest Nu                             | mn 1 is less than the<br>mber Previously Pr | aid For IN Th                    | HIS SPACE                  | s less tha                | n 20, enter "20."                  | AI   | TOTAL<br>DIT, FEE  |                        | OR              | TOTAL<br>ADDIT, FEE           |                        |  |
| •  | If the "Highest Nu<br>The "Highest Nun         | mber Previously Pa<br>nber Previously Pa    | ald For" (N Ti<br>id For" (Tota) | HIS SPACE I<br>or Independ | s less tha<br>ent) is the | ın 3, enter "3."<br>highest number | foun | d in the app       | ropriate box           | in co           | iumn 1.                       |                        |  |